Australian Government
Organ and Tissue Authority

Australian
PAIRED KIDNEY
EXCHANGE PROGRAMME AKX

Australian Paired Kidney Exchange (AKX) Programme

User Manual

Version 2 – August 2015

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Frequently Asked Questions

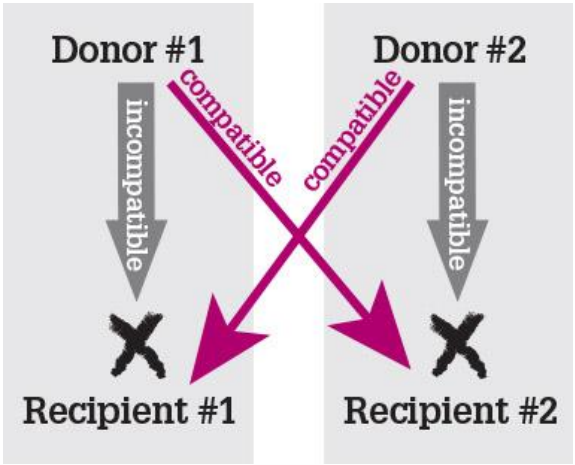
Information for patients and willing living donors

What is the Australian Paired Kidney Exchange (AKX) Programme?

The Australian Paired Kidney Exchange (AKX) Programme is a nationwide live kidney exchange programme. The goal of AKX is to increase live kidney donor transplant by identifying matches for incompatible donor/recipient pairs.

AKX is part of the Organ and Tissue Authority's efforts to increase available organs from live donors. Approximately 30% of potential donors fail to fulfil their wish to donate a kidney to a relative of friend due to incompatible blood group or tissue matches. Long-term results from living donor kidney transports are excellent. Five years after the transplant, 88% of transplants from live donors are still functioning, compared with 80% for transplants for cadaveric (deceased) donors.

A paired kidney exchange can happen when a live donor (Donor #1), who is willing to donate to a spouse, friend or relative (Recipient #1), is unable to donate because they have an incompatible blood type or tissue type. AKX will help fund compatible donors amongst other registered pairs (such as Donor #2 and Recipient #2 as shown below), who might be a suitable match, and thus enable two compatible living donor transplants to occur.



How does AKX work?

If you have a willing but incompatible living donor, participating in the Australian Paired Kidney Exchange (AKX) Programme will increase the chance that you will be able to receive a living donor kidney transplant.

Should you agree to participate in the programme, your information will be registered in a secure computer database containing all the register donor/recipients pairs across Australia.

The computer program searches the entire available database of registered recipient/donor pairs to look for combinations that might enable a suitable kidney exchange to occur. If the computer finds a potential match doctors will arrange for the final tissue typing test for you and your willing living donor.

If no match is found in the first match run (the computer matching), you and your donor will be kept on the register and will be included in further computer match runs. If no match is found after several match runs, your kidney specialist will discuss other options that are available to you.

How can I join AKX?

To register with AKX you should contact your kidney specialist. You and your willing donor will be asked to:

- have the programme explained to you by a medical professional
- sign an Agreement to Participate form stating that you understand this programme and agree to participate
- provide a detailed medical history
- undergo a number of medical tests.

Who can participate?

If you are a patient who is eligible for a kidney transplant, and are receiving care at a transplant centre/renal unit in Australia, you may be able to participate in the programme. You must have a living donor who is willing but unable to donate to you because of an incompatible blood type of tissue type. Your donor must be willing to take part in the Programme and donate a kidney to someone else.

What happens if a match is found?

If a match is found you will be informed by your kidney specialist. Further testing will be required to confirm that the recipient and potential donor are compatible. Once the testing in completed, each donor and recipient pair will meet with their own transplant team to discuss the results and whether to proceed. After discussion, if the donor recipient pairs agree to the exchange, they will sign the appropriate consent forms for surgery.

There is no guarantee that the transplant will occur even if you are identified for a possible donor/recipient exchange. There are many health and emotional issues to be considered in the paired kidney exchange programme and the process is complex. You will receive advice and support to help to understand these issues.

What happens if no match is found?

Patients who don't find a matching donor through the exchange programme still have the chance of receiving a kidney transplant. If patients are eligible for the deceased donor waiting list, they will remain on the deceased donor transplant waiting list. The chance of finding a successful match for exchange should increase as more donor/ recipient pairs join the programme. If no match is found in your first match run, you can remain on the register and re-enter subsequent match runs. However if no suitable pair matches are found are a period of time, you may wish to consider other options after discussion with your kidney specialist.

Where would the transplant take place?

If all parties agree to an exchange, and are medically compatible, the two transplant surgeries take place at two different transplant centres. Each donor/recipient pair remains at their own transplant centre. Both operations occur at the same (even if the other transplant is in another state). In this way, both donors are sure that each has proceeded with the surgery. Each recipient receives their kidney on the same day as their wiling living donor partners donates.

Can I contact the other couple?

No. Strict privacy and confidentiality will be maintained for each donor/recipient pair. This is one of the reasons we endeavour to use different hospital sites for the two pairs of donors and recipients. The National Health and Medical Research Council (NHMRC) Organ and Tissue Donation by Living Donors – Guidelines for Ethical Practice for Health states that anonymity between donors and recipients should be maintained to avoid possible future repercussions for either party.

Can I change my mind after I have joined the programme?

Donors and recipients can change their minds at any time leading up to and including the day of surgery. The donor operations are coordinated to take place at exactly the same time so that neither party is disadvantaged if one member of a donor pair chooses to withdraw from the exchange donation at the last minute.

What is the chance of finding a match?

The chance of finding a suitable match depends on a number of factors. The more donor/recipient pairs registered on the programme database, the greater the chance of finding a match.

If a patient has more than one donor who is willing to enter the programme, they have a greater chance of finding a match. Only the donor with the best match will actually donate their kidney. Individuals with common blood types and low levels of sensitisation to other blood and tissue antigens will also have a greater chance of matching. Alternatively, your doctor may discuss other options.

What should I do next?

For more information, ask your kidney specialist. Counselling support will be available to donor/recipient pairs through the transplant centre both before and after the paired kidney exchange.

Where can I get further information?

Australian Paired Kidney Exchange (AKX) Programme
Attention: Programme Coordinator
Department of Nephrology
Fremantle Hospital

PO Box 480
FREMANTLE WA 6160

Phone 08 9431 3690
Fax 08 9431 3902

Organ and Tissue Authority
www.donatelife.gov.au

Recipient agreement to participate

I have reviewed the Australian Paired Kidney Exchange Programme Agreement to Participate (the Agreement) and conditions of participating with this patient and his/her potential donor.

Transplant Physician/Surgeon		Date
Transplant Coordinator (witness)		Date

(tick)	I have read and understand the Agreement to Participate and conditions of participation and all my questions have been answered.
	I have been fully informed about all of my other transplant options for living kidney donation from an incompatible donor.
	I consent to my personal information (including my health information) being used and disclosed for the purposes explained in the Agreement.
	I consent to AKX reporting personal information to ANZDATA and ANZDATA to report to the AKX Programme for the purposes explained in the Agreement.
	I hereby agree not to participate in interviews with the media prior to the exchange taking place.
	I hereby agree and consent to participate in the Australian Paired Kidney Exchange Programme and understand that I can withdraw my consent for participation at any time without penalty or disadvantage.

Name *(print)*		
Address		
Phone Number		
Email		
Signed		Date

Scan and upload onto MMEx or copy & post, fax or email to:

Australian Paired Kidney Exchange Programme
Attention: Programme Coordinator
Department of Nephrology
Prince of Wales Hospital, High Street Building
Randwick NSW 2031

Ph 02-9382 4476 Fax 02-9382 4409
E: claudia.woodroffe@sesiahs.health.nsw.gov.au

Donor agreement to participate

I have reviewed the Australian Paired Kidney Exchange Programme Agreement to Participate (the Agreement) and procedures with this donor and his/her potential recipient.

Transplant Physician/Surgeon					Date
Transplant Coordinator (witness)					Date
Type of donor *(tick applicable)*		directed		altruistic	

(tick)	
	I have read and I understand the Agreement to Participate and conditions of participation and all my questions have been answered.
	I, as a living kidney donor, have been fully informed about all other transplant options for my intended, incompatible recipient. *(Not applicable if altruistic)*
	I consent to my personal information (including my health information) being used and disclosed for the purposes explained in the Agreement.
	I consent to AKX reporting personal information to ANZDATA and ANZDATA to report to the AKX Programme for the purposes explained in the Agreement.
	I hereby agree not to participate in interviews with the media prior to the exchange taking place.
	I hereby agree and consent to participate in the Australian Paired Kidney Exchange Programme and understand that I can withdraw my consent for participation at any time without penalty or disadvantage.
	I have read and I understand the Donor Declaration Form and I have answered all questions to the best of my knowledge.
	I hereby agree to be tested for the presence of hepatitis B, hepatitis C, HIV immediately prior to organ donation if a match is found.

Name *(print)*		
Address		
Phone Number		
Email		
Signed		Date

Scan and upload onto MMEx or copy & post, fax or email to:

Australian Paired Kidney Exchange Programme
Attention: Programme Coordinator
Department of Nephrology
Prince of Wales Hospital, High Street Building
Randwick NSW 2031

Ph 02-9382 4476 Fax 02-9382 4409
E: claudia.woodroffe@sesiahs.health.nsw.gov.au

Hepatitis B core Antibody positive donors - Recipient Consent

Before entering the AKX Programme kidney donors undergo in-depth medical, surgical and psychological evaluations at their transplant centre. They also undergo a series of tests to minimise the risk of infectious diseases being transmitted from the donor to the recipient. There are some people who MUST NOT donate organs as they are likely to transmit infections to those who receive them.

Some people have in the past been exposed to the hepatitis B virus (jaundice) and have developed immunity to the infection. These people have detectable hepatitis B core (HBc) antibody. If their blood tests show no trace of detectable virus then they can be considered as an organ donor. However, these donors still carry a low risk of transmitting the virus to the person receiving their kidney.

Deceased kidney donors who test positive for the HBc antibody are frequently used as kidney donors for recipients who are willing to accept such kidneys and provide informed consent. Previous infection with or vaccination against hepatitis B in the recipient can reduce the risks of transmission of hepatitis from such a kidney transplant.

Some live kidney donors who test positive for HBc antibody want to be part of the AKX Programme, because they are incompatible to their intended recipient. If you agree, then it is possible that the donor who is matched to you will be HBc antibody positive. You may elect to accept or decline matching to such a donor. Your transplant team will explain to you what accepting a kidney from such a donor means for you.

If you agree to be assigned an organ from HBc antibody positive donor from within the AKX Programme, we kindly ask you to sign this consent form and agree that a copy is sent to the AKX Coordinating Centre.

Please circle Yes or No

Yes	I have been fully informed about hepatitis B core antibody (anti-HBc) positive donors and consent to accept a kidney from an anti-HBc donor. I understand that I can withdraw my consent at any time.
No	

Please ONLY sign in the presence of the interviewer

Surname/family name .....

Given name.....

Date of birth ..... / ..... / .....

Signature.....

Date ..... / ..... /.....

Witness

Surname/family name .....

Given name.....

Signature.....

Date ..... / ..... /.....

Donor Declaration Form

As part of the assessment of potential living kidney donors, the completion of the following questionnaire is necessary to identify potential factors which could lead to transmission of infection or other medical conditions. There are some people who MUST NOT donate organs as they may transmit infections to those who receive them.

To determine if your donation will be safe to the person receiving your organ, we would like you to answer some questions. These questions are vital in our efforts to eliminate diseases from the organ supply. If you do not wish to complete the questionnaire you may withdraw your consent and consideration for donation. All information remains strictly confidential in accordance with the Federal Privacy Act.

In addition to the questionnaire, all organ donors are tested for the presence of hepatitis B and C, and HIV. If your blood test proves positive for any of these conditions, or for any reason the test shows a significantly abnormal result, you will be informed. These blood tests are performed in the early stages during your medical assessment to determine your suitability for kidney donation and repeated again about 1 week prior to scheduled surgery.

Please respond by placing a cross or a tick in the relevant box. Do not circle.

Comments
(staff use only)

To the best of your knowledge, have you:

1. Ever had a test which showed you had hepatitis B, hepatitis C, or HIV? Yes ☐ No ☐
2. Ever thought you could be infected with HIV or have AIDS? Yes ☐ No ☐
3. Ever used drugs by injection or been injected, **even once**, with drugs not prescribed by a doctor or dentist? Yes ☐ No ☐
4. Ever had treatment with clotting factors such as Factor VIII or Factor IX? Yes ☐ No ☐
5. In the last 12 months, had an illness with unexplained night sweats, swollen glands and a rash, with or without a fever? Yes ☐ No ☐

Within the last 12 months have you:

6. Had a tattoo (including cosmetic tattooing), body and/or ear piercing, electrolysis or acupuncture? Yes ☐ No ☐
7. Been injured with a used needle (needle stick injury)? Yes ☐ No ☐
8. Had a blood/body fluid splash to eyes, mouth, nose or to broken skin? Yes ☐ No ☐
9. Had a blood transfusion? Yes ☐ No ☐
10. Been imprisoned in a prison or lock-up? Yes ☐ No ☐
11. Had (yellow) jaundice or hepatitis or been in contact with someone who has? Yes ☐ No ☐
12. Engaged in ANY of the following sexual behaviors (with or without a condom): Yes ☐ No ☐
    - had male to male sex?
    - had sexual activity with a male or female sex worker?
    - been a male or female sex worker?
    - had sexual activity with someone you might think would answer “yes” to any of the above questions 1-11?

Please ONLY sign in the presence of the interviewer

Surname/family name .....

Given name.....

Date of birth ..... / ..... / .....

Signature.....

Date ..... / ..... /.....

Witness

Surname/family name .....

Given name.....

Signature.....

Date ..... / ..... /.....

Ministerial approval form

Donor name	
Recipient name	

(ACT, NSW, SA, NT, WA and TAS)

Please complete section 1 of this form, attach the signed Agreement/s to Participate (not required for SA/NT) and fax, or scan and email to fax 02 9382 4409; claudia.woodroffe@sesiahs.nsw.health.gov.au. If you have any queries regarding this form, please phone the AKX Programme Coordinator on 02 9382 4476 or email as above.

SECTION 1: Donor/Recipient Details and Declaration. Completed by the appropriate Senior Medical Specialist and forwarded to the National Coordination Centre. The form will be returned once the Minister for Health has signed it.

Donor Details		Recipient Details	
Surname		Surname	
First name		First name	
Middle name		Middle name	
Date of birth		Date of birth	
Location of surgery		Location of surgery	
Physician		Physician	
Donor relationship to recipient			

Declaration

I confirm that the donor and/or the recipient *(circle)*	
(tick)	Have read and understood the Agreement to Participate and conditions of participation and all questions have been answered.
	Have been fully informed about all other transplant options for living kidney donation from an incompatible donor.
	Understand that the AKX is not an enforceable contract but a reciprocal arrangement with no monetary reward or benefit other than the exchange of kidneys.
	Are aware that they can withdraw at any time up until the surgery.
	Are aware that there are no legal remedies for the exchange not proceeding.
	Anonymity of donors and recipients will be maintained.
Name *(print)*	
Position	
Signed	Date

Donor name		Date of birth	
Recipient name		Date of birth	

SECTION 2: Completed by the AKX Programme Coordinator and forwarded to the Minister for Health or delegate.

Exemption requested under	
(tick)	Section 44 #4 of the Transplantation & Anatomy Act 1978, Australian Capital Territory
	Section 32 #4 of the Human Tissue Act 1983, New South Wales
	Section 22F of the Transplantation and Anatomy Act, Northern Territory
	Section 35 #6 of the Transplantation and Anatomy Act 1983, South Australia
	Section 27 #4 of the Human Tissue Act 1985, Tasmania
	Section 29 #4(a) of the Human Tissue and Transplant Act 1982, Western Australia
	A copy of the signed Agreement to Participate (Donor) is attached (not required for SA/NT)
	A copy of the signed Agreement to Participate (Recipient) is attached (not required for SA/NT)
Date approval requested	
Requested by	

SECTION 3: Approval to be signed by the Minister for Health or delegate and returned to the National Coordination Centre.

Note that approval is required within five days of receiving this request.

Approved	Y		
Name *(print)*			
Position			
Signed		Date	

Paired Kidney Donation

Tissue Typing Registration Form

Referral Centre		State		Transplant Centre	
Nephrologist		Phone		Email	
Transplant nurse		Phone		Email	

SECTION 1: Recipient Details				
Recipient surname		Sex	☐ Male	☐ Female
Recipient first name		Date of Birth		
If recipient is cared for at a different centre, please indicate recipient's centre				
NOMS recipient National ID *(if known)*				
Dialysis start date	D D M M Y Y Y Y			
Pre-emptive		☐ Yes	☐ No	

SECTION 2: Donor Details				
Donor surname		Sex	☐ Male	☐ Female
Donor first name		Date of Birth		
If donor is cared for at a different centre, please indicate donor's centre				

NOMS donor National ID *(if known)*		
Altruistic donor *(omit sections 1 & 3)*	☐ Yes	☐ No

SECTION 3: Donor - Recipient Information			
Relationship of incompatible donor to potential recipient	☐ Spouse	☐ Parent	☐ Sibling
	☐ 1st degree relative	☐ Friend	☐ Other *(specify)*
	Other		
Is the potential donor blood group incompatible with the potential recipient?	☐ No	☐ Yes	
Is the potential donor HLA antibody incompatible with the potential recipient? (ie. positive cross-match?)	☐ No	☐ Yes	☐ Not tested

SECTION 4: This form completed by			
Full name *(please print)*		Position	
Signature		Date	
Hard copies of Blood group and Virology results attached (donor & recipient)			☐ Yes
Please indicate for which quarterly AKX Run this pair (or altruistic donor) will be ready			☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

Surgical Checklist

Please complete this form and fax to 02 9382 4409 or scan and email to claudia.woodroffe@sesiahs.health.nsw.gov.au.

STEP 1: *Completed by the AKX Programme Coordinator and sent to the Donor Transplant Surgeon*

Potential Match identified	Date ABOi Transplant ☐yes ☐no	Date CD / report of donor CTA sent to recipient centre	
Donor Transplant Centre		Recipient Transplant Centre	
Liaison surgeon		Liaison surgeon	
Phone number		Phone number	
Email		Email	
Donor name		Recipient initials	
Donor NOMS ID		Recipient NOMS ID	
Donor DOB		Recipient DOB	
Blood group		Blood group	

STEP 2: *Completed by Donor Transplant Surgeon and forwarded to NCC within 2 working days of receipt*

Left or Right kidney for removal	☐ left	☐ right	
Comments (Mandatory if right donor nephrectomy preferred)			
Perfusion solution	☐ UW	☐Other *(please specify)*	
Heparin in perfusion fluid	☐ 10000U/L	☐None	
Donor Surgeon Signature		Date signed	

The NCC will submit Donor surgical checklist to Recipient Transplant Surgeon to acknowledge the offer

STEP 3: *Completed by Recipient Transplant Surgeon and returned to NCC within 2 working days of receipt*

Proposed organ acceptable	☐yes	☐no	
If NOT acceptable please specify why, sign and return this form immediately to the NCC			
Comments			
If exchange is acceptable please sign and return this form to the NCC			
Recipient surgeon signature		Date signed	

STEP 4: *Completed by the NCC and forwarded to Donor & Recipient Centres*

Exchange confirmed by donor and recipient centres	☐ yes ☐ no	Proposed Date of Exchange	

Day of Exchange Details

Please complete this form, scan and fax to AKX Programme Coordinator (02) 9382 4409 or email to claudia.woodroffe@sesiah.health.nsw.gov.au.
If there are any queries regarding this form, please phone the AKX Coordinator on (02) 9382 4476.

Date of Surgery:		**Transplant Centre:**	

SECTION 1: *Donor Surgery*

Donor Theatre Location			
Designated Theatre Number		Designated Theatre Phone Extension	
Donor Surgeon		Mobile Phone Number	
Donor Anaesthetic Start time		Anticipated Kidney Pick-up time	
Recipient Surgeon assisting with packaging *(if applicable)*			
Hospital Pick-up point			
Renal Transplant Coordinator *(or delegate)*		Mobile Phone Number	
Emergency contact		Mobile Phone Number	
		Theatre reception Number	

- The designated theatre phone extension number is essential and will be used for backup communication
- Donor anaesthetic start time will be synchronised with exchange centre and may change on the day
- Onsite recipient surgeon to assist with packing of kidney is required if donor surgeon is not familiar with AKX packaging procedure
- Anticipated kidney pick-up time will be based on donor surgeon advice
- Hospital pick-up point may be theatre reception or an alternate pre-designated site agreed upon with courier
- Renal Transplant Coordinator (or delegate) – necessary for in-theatre communication
- Mobile phone numbers will be used for SMS alerts - please check mobile reception in theatres
- Emergency contact may be another on-duty transplant coordinator or theatre reception staff

SECTION 2: *Recipient Surgery*

Recipient Theatre Location			
Recipient Surgeon		Mobile Phone Number	
Hospital Delivery Point			
Hospital Contact		Contact Phone Number	

- ***If donor and recipient surgeries are in different locations please provide alternate delivery point & contact details as necessary***
- ***Hospital contact for pick up and delivery – may be renal transplant coordinator or theatre reception staff.***

AKX Transport Itinerary & Contingency Plan

Date of Exchange			
Transplant Centre	Theatre Location	Pick Up / Delivery Point	Transplant Nurse (Primary Contact)
		Theatre Reception	Mobile
		Theatre Reception	Mobile
		Theatre Reception	Mobile

D1R1:							
DAS	**From**	**To**	**Pick-Up Times**	**Departure**	**Arrival**	**Flight No.**	**Approx. Delivery Time**
EST							
NXF#							
Primary Itinerary							
Contingency Plan							
	Next available flight						

D2R2:							
DAS	**From**	**To**	**Pick-Up Times**	**Departure**	**Arrival**	**Flight No.**	**Approx. Delivery Time**
EST							
NXF#							
Primary Itinerary							
Contingency Plan							
	Next available flight						

D3R3:							
DAS	**From**	**To**	**Pick-Up Times**	**Departure**	**Arrival**	**Flight No.**	**Approx. Delivery Time**
EST							
NXF#							
Primary Itinerary							
Contingency Plan							
	Next available flight						

D-Donor; R-Recipient; DAS –Donor Anaesthetic Start; WST –Western Standard Time; EDST-Eastern Daylight Saving Time ; CDST –Central Daylight Saving Time.

Contingency Transport Plan

The AKX Programme Contingency Transport Plan is implemented in the event that the planned primary transport itinerary fails. This failure could be due to such events as a missed, delayed or cancelled flight, traffic congestion or poor weather. Of note, a kidney may also be picked up earlier than expected and may be able to be uplifted on an earlier flight.

The Contingency Plan provides further pre-arranged options for transport of the organ. In the event of an anticipated itinerary change, the National Coordination Centre (NCC) emergency contact must be immediately notified and will confirm with StarTrack and the transplant centres the arrangements in place to enact an alternate itinerary. Such arrangements may include transport via a later or earlier commercial flight, depending on the circumstances for the change.

Emergency Contact Details

Those listed may be contacted if there are any issues with the implementation of the primary transport plan, in the event that the contingency plan must be enacted, for surgical progress reports or when any further information is required.
Transplant nurses at each site will receive real-time SMS alerts at specific intervals by StarTrack and the NCC with tracking information for their outgoing and incoming kidneys.

StarTrack	**Contact Name**		**Contact Mobile Number**
1	Next Flight 24/7 Team		0417 576 061
2	Tammi Markowicz		0409 010 054
3	Diane Tessensohn		0403 416 136
NCC	**Contact Name**		**Contact Mobile Number**
1	Claudia Woodroffe		0420 970 358
2	Paolo Ferrari		0400 010 297
Phone hook-up	**Dial In: 1300 300 805** **Conference Code: 8406163**		**Time**
Transplant Centre	**Contact**	**Role / Location**	**Contact Number**
		Transplant Nurse	
		Donor Surgeon	
	Theatre Reception	Theatre	
	Donor Operating Theatre	Theatre	
		Transplant Nurse	
		Donor Surgeon	
		Recipient Surgeon	
	Theatre Reception	Theatre	
	Donor Operating Theatre	Theatre	
		Transplant Nurse	
		Donor Surgeon	
		Recipient Surgeon	
	Theatre Reception	Theatre	
	Donor Operating Theatre	Theatre	

Living Kidney Donation Report

Please complete this form and fax to the AKX Programme Coordinator on 02 9382 4409 or email claudia.woodroffe@sesiahs.health.nsw.gov.au.

SECTION 1: Completed by the Renal Transplant Coordinator or Surgeon present at retrieval and forwarded with donor kidney			
Date of Retrieval		Donor Initials	
		Donor NOMS ID number	
Donor Hospital		Donor Blood Group	
Donor Surgeon		Donor Date of Birth	
Time of Artery cross-clamp		Renal Transplant Coordinator	
Left or Right Kidney		Time Kidney on ice	
No. of arteries		Perfusion fluid / Heparinisation used	☐Ross ☐UW ☐ (specify) ☐10000u ☐20000u ☐None
SECTION 2: Completed by the donor surgery team			
Abnormal findings or damage (short vein/ureter etc)? ☐ Yes ☐ No			
Comments:			
Kidney checked for complete perfusion *(external examination of parenchyma)* ☐ Yes			
Recipient surgeon telephoned post-nephrectomy and advised re any issues ☐ Yes			
Donor Surgeon signature			
Transplant Surgeon signature *(only if donor surgeon is not a credentialed transplant surgeon)*			
SECTION 3: Completed by the Transplanting Surgical team and forwarded to AKX Secretariat within 2 working days of procedure (to above fax number)			
Date of Transplant		Recipient Initials	
Recipient Hospital		Recipient NOMS ID number	
		Recipient Blood Group	
		Recipient Date of Birth	
Transplanting Surgeon		Kidney Side	
Time Kidney off ice		Time of Reperfusion	
No Problems Identified ☐			
Problems Identified *(Please complete if problems were identified)*			
3.1 Inadequate Paperwork	*(Please circle)* **Labelling / donor documentation / recipient documentation**		

3.2 Packaging / Transportation	✓	**3.3 Technical / Anatomical Problems**	✓
3.2.1 Insufficient preservation fluid in bags		3.3.1 Peri-nephric fat not removed adequately	
3.2.3 Damaged container		3.3.2 Incomplete perfusion of kidney	
3.2.3 Other, incl. delays (please specify)		3.3.3 Damaged artery(s)	
		3.3.4 Damaged vein	
		3.3.5 Damaged ureter / insufficient length	
		3.3.6 Non identified abnormal anatomy	
		3.3.7 Non identified pathology	
		3.3.8 Other (please specify)	

Please indicate specific problems and provide diagram if appropriate
Recommendations or Comments

SECTION 4: Completed by AKX Secretariat and forwarded to Transplant centres					
Date of Exchange		Transplant Centres			
Date form received from Recipient centre		Date completed form sent to centres			
Warm Ischaemia		Cold Ischaemia		Total Ischaemic Time	
Local issue ☐ OR	System Issue ☐	Date tabled at AKX Advisory Committee			
Action					

AKX Kidney Retrieval Report Form - process

1. **Completion of the form**

- Section 1: Completed by the Renal Transplant Coordinator or Surgeon at donor hospital.
- Section 2: Completed by the donor nephrectomy Surgeon, noting any problems identified or specific comments.

The donor hospital Renal Transplant Coordinator (or delegate) will send this form with the donor kidney to the recipient transplanting hospital team. A copy of the form should be filed in the confidential AKX donor records.

- Section 3: Completed by the recipient hospital Transplanting Surgeon (or delegate), noting problems identified and any recommendations.

2. Processing the form

- Recipient Hospital Renal Transplant Coordinator or Transplant Surgeon to (i) fax the completed form or (ii) scan and email the completed form within two working days to:
  Fax: (02) 9382 4409
  Email: claudia.woodroffe@sesiahs.health.nsw.gov.au
- AKX secretariat to forward a copy of completed report to Donor & Recipient centres for filing as per AKX Protocol.

3. Review

- Section 4: The National AKX Advisory committee will review each Report Form and determine if a local or systems issue exists.

Local issue

Issues identified where corrective action is required at local level only will be directed to the donor or recipient hospital.

Systems Issue

Issues identified where action is required by all relevant transplanting teams and/or national courier company will be addressed by the AKX in consultation with the Renal Transplant Advisory Committee and/or OTA.

Informed consent discussion checklist

This check list for clinicians is to ensure that consistent consent information is provided to patients during consent discussions. The information in this checklist is based on the consent protocols developed by the AKX Advisory Group[1] and the key points covered in the agreement to participate.

Voluntary Participation

Donors and recipients can withdraw for any or no reason, at any time up to the commencement of surgery.

☐ Yes ☐ No

Donation and Transplantation Success

Process of orphaned kidney discussed.

☐ Yes ☐ No

Process of orphaned recipient discussed.

☐ Yes ☐ No

Discuss process if a transplanted kidney fails: the recipient will be assessed and treated as appropriate, for eg. going back on the transplant waiting list (if eligible) or considering whether they have other potential donors.

☐ Yes ☐ No

If a transplanted kidney fails, the recipient will be assessed and treated as appropriate, for example, going back on the transplant waiting list (if eligible) or considering whether they have other potential donors.

☐ Yes ☐ No

Privacy and Confidentiality

Strict privacy and confidentiality must be maintained for each donor/recipient pair including:

Staff involved in the programme cannot facilitate meeting of donors and recipients after the transplants.

☐ Yes ☐ No

Donors and recipients should avoid seeking publicity through the media or other means.

☐ Yes ☐ No

Data

Discuss human biological materials and data that will be collected and the health and other records to be accessed, their intended uses, storage and duration of storage, transfer and disposal procedures. In this regard, each transplant centre will follow its own specific ethical guidelines.

☐ Yes ☐ No

Data may be used to provide information to the Australia and New Zealand Dialysis and Transplant Registry.

☐ Yes ☐ No

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[1] National Paired Kidney Exchange Programme Advisory Group: An advisory group of the National Cognate Committee on Organ & Tissue Donation & Transplantation, AKX Guidelines, page 13